

# AMERICA UN-COVERED

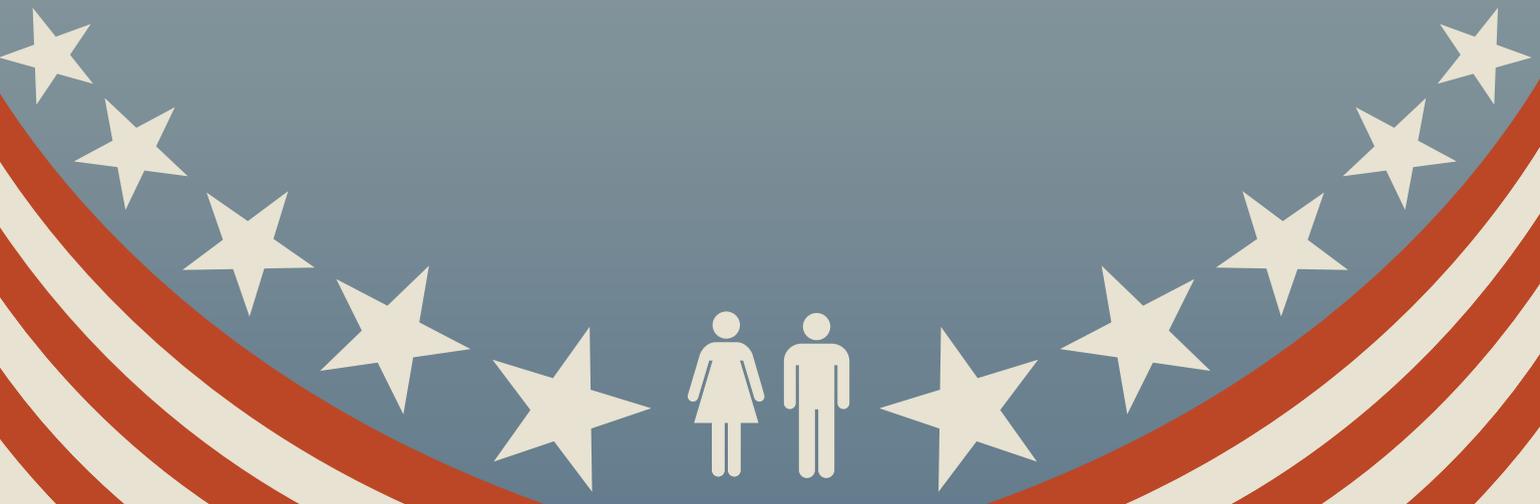
WITH 47 MILLION UNINSURED,  
HOW DOES THIS NATION CARE FOR ITS PEOPLE?

BY CHERYL SOOHOO

Lunch at a hotel near campus offered exceptional cuisine and an opportunity for members of Northwestern's Half-Century Club to catch up after more than 50 years since graduating from the medical school. Held in April, the Alumni Weekend event also provided food for thought with a stimulating discussion on "Health Care Reform 2008 and Medicare."

Vice Dean and Chief Operating Officer Jeffrey C. Miller presented an overview of U.S. politics, health care politics, and Medicare. He noted the complex factors that have led to a somewhat disjointed American health care system—one that perplexes patients, providers, and payers with high health care costs, limited access, and mediocre public health outcomes.

During this presidential election season, access to affordable health care in the United States has been a hot button topic for politicians, with a growing number of physicians and patients chiming in on the debate. The concept of ensuring health care for all—such as via a national health insurance plan—frequently raises as many questions as answers. Meanwhile the plight of the estimated 47 million uninsured people living in this country, a statistic reported by the U.S. Census Bureau in 2006, becomes more dire as time goes on.



In the April 1 issue of the *Annals of Internal Medicine*, two physician researchers from Indiana University revealed results from their 2007 survey of physicians whom they queried on the subject of government-organized national health insurance (NHI). A follow up to a 2002 survey, the new poll indicated that a larger percentage of doctors—59 versus 49 percent five years ago—supported health care reform to achieve greater coverage for individuals living in the United States. Numerous media outlets reported on the survey's results, prompting the American Medical Association (AMA), among others, to weigh in on the universal health care discussion.

Edward L. Langston, MD, chair of the AMA Board of Trustees, stated in a letter published in the April 11 issue of the *Indianapolis Star*, that the recent survey drew attention to the need for health care reform but did not define NHI or incremental reform, both of which he believed can be interpreted in a variety of ways. He went on to describe the AMA's national health care proposal to, in part, expand "coverage through tax credits that would provide the most money to those who need it most: lower-income Americans."

"Physicians struggle daily with the shortcomings of our health care system," he wrote. "As the nation's largest physician group, we support legislation that builds on the strengths of our current system—world-class medical innovations and research, and doctors dedicated to the health of their patients."

Proposals for providing reasonably-priced quality health care services to all who call America home come in many shapes and sizes. While opinions vary widely about what ails the U.S. health care system and how to "fix" it, many agree that finding solutions to a national problem must involve government policy makers. Certainly that has been the approach taken by two alumni of Northwestern University's Feinberg School of Medicine: one has proposed an overhaul of the current system and the other is looking to make the health care marketplace more

equitable through competition. Independently of each other, these two physicians have committed themselves to improving health care access in this country by having their voices heard near and far and most definitely in Washington, D.C.

For allergist Steven L. Kagen, MD, GME '79, his desire to fight for "access to affordable health care for everyone" has meant giving up the practice of medicine in Appleton, Wisconsin, to become a lawmaker in the nation's capital. In November 2006, this democrat was elected to his first term in the U.S. House of Representatives. For recently retired internist Quentin D. Young, MD '48, championing the creation of a single-payer NHI plan that would expand the existing Medicare model and essentially eliminate private insurance has led to conversations with members of Congress, including Senator Barack Obama (D-Ill.), the Democratic Party's presumptive nominee for the highest office in the land.

"We've talked, because I wanted to know what his views were on the single-payer proposal. In fact, I've known Obama for a long time. He sees a colleague physician in my Hyde Park practice," shares Dr. Young, national coordinator of Chicago-based Physicians for a National Health Program (PNHP). And what does Dr. Young think of Congressman Obama's health care platform? "In my opinion it's bad because it maintains employer-based private insurance! Although he no longer does, Obama did support single-payer in the past."

With some 15,000 members, PNHP describes itself as a physicians group that believes all people have a right to access high-quality comprehensive care. Achieving that particular vision begins with educating physicians on the need for a single-payer NHI plan, through vehicles the medical profession finds credible such as peer-reviewed journals and grand rounds lectures.

"Doctors by definition are involved in the health system," remarks Dr. Young, the 2008 recipient of the Feinberg School's Distinguished Alumni Award.

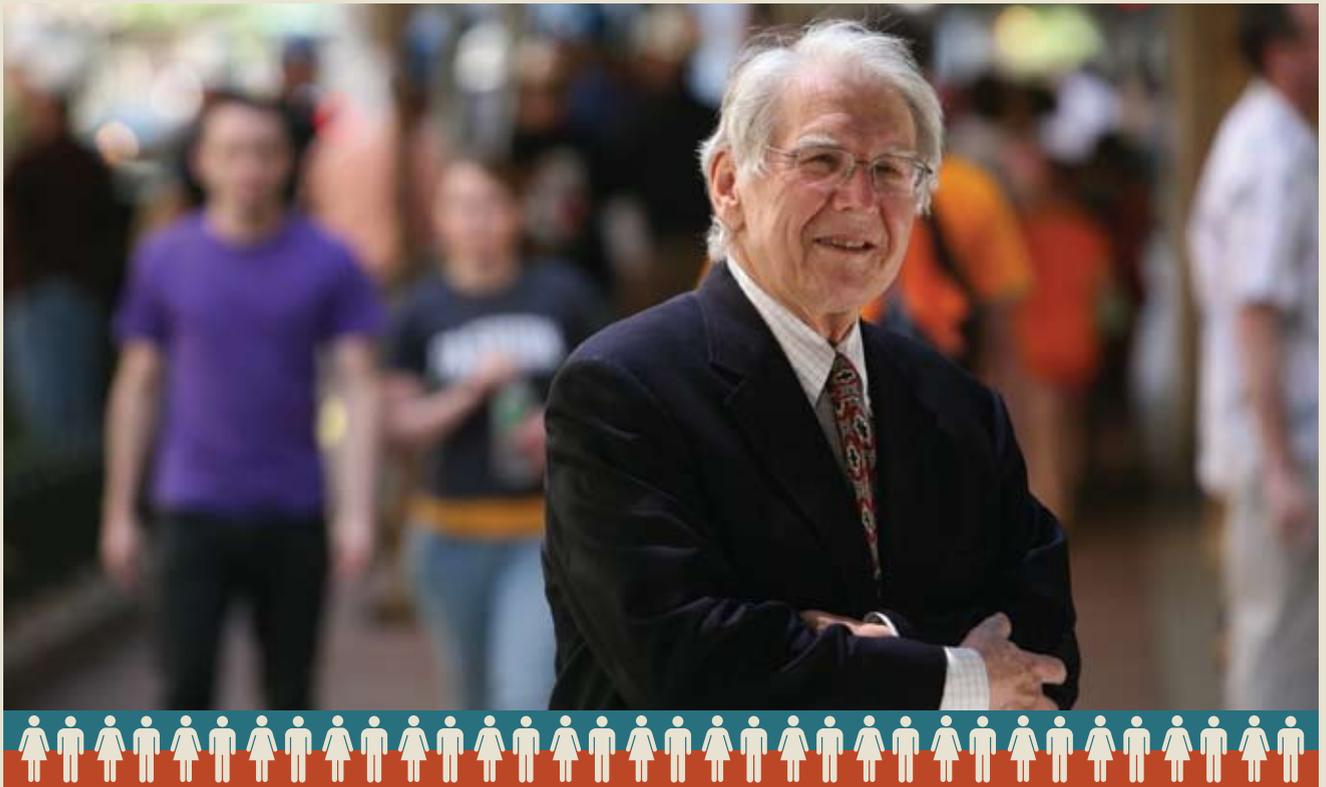
"Many consider them the most knowledgeable elements in the equation and, not least, they have earned influence as discussants on health issues."

One "scholarly" coup for the group and others was an article that appeared in the August 2003 issue of the *Journal of the American Medical Association*. In that piece, the Physicians' Working Group for Single-Payer National Health Insurance, which included faculty members from Harvard University as well as Dr. Young, a faculty member at the University of Illinois and former chair of internal medicine at Cook County Hospital, methodically laid out their NHI proposal.

Administered by a single public agency that organizes health financing but leaves the delivery of care largely private, NHI would feature universal, comprehensive coverage and a free choice of providers. The plan backed by PNHP would call for physicians to receive fee-for-service payments dictated by a negotiated formulary or draw salaries from hospitals or nonprofit HMO/group practices. A global budget would take care of each hospital's operating costs. Financing for the system would come from taxes and bidding adieu to private insurers. Recapturing the administrative "waste" of large corporations currently managing the mosaic of health plans available in the United States would more than pay for NHI as evidenced by a current U.S. government program, believes Dr. Young.

"America already has single-payer national health insurance. It's called 'Medicare,'" he explains. "Medicare is the most successful program in the country, outshining any of the private sector insurance companies with their high administrative costs. Thirty-one percent of all health care dollars now go to absorbing the administrative costs of the big carriers. Medicare has an administrative cost of 3 percent. When you are dealing with a system where every percentage point is 21 billion dollars, the costs are fairly significant."

PNHP has faced many critics, from those who consider the group's



plan tantamount to “socialized” medicine to those who fear rationing of health care services. And using the Medicare program as a model raises its own serious financial issues as Medicare’s hospital insurance trust fund, on its present course, is expected to run out of money in 2019, according to a report from the Board of Trustees for Medicare released this March.

Yet octogenarian Dr. Young remains optimistic. His enthusiasm for NHI continues to be bolstered by growing legislative support for House Resolution (H.R.) 676—the “Expanded and Improved Medicare for All Act.” Rep. John Conyers (D-Mich.) first introduced the bill in 2005, after inviting Dr. Young and other NHI proponents to Washington to present their proposal for possible legislation. Additionally, Dr. Young’s observation that “American doctors have learned that there is something worse than government, and it is called corporations” has him convinced that PNHP’s vision finally is reaching the mainstream.

“Until quite recently, we were considered irrelevant because we were unfeasible,” he says. “That’s over now. There have been enough

victories and public discussion so that we have become the ‘undesirable’ alternative. Doesn’t sound like much, but that’s upward mobility!”

**R**ep. Kagen can’t afford to get sick. When he took office in January 2007, he turned down his generous congressional benefits package, and he possesses no other insurance plan. So what happens if Dr. Kagen needs comprehensive health care coverage? He says, “I could lose my house, just like the millions of other uninsured Americans in this country.”

Although Dr. Kagen, 58, went to Washington ready to broaden health care access to all, he hadn’t thought too much about his own needs until the freshman congressman went through orientation week. He learned how to pass laws, and he received a literal “cafeteria menu” of plans. “I needed to catch a plane, so I asked the woman helping me what plan she chose,” recalls Dr. Kagen. “She said, ‘I took the “Cadillac” plan, with a \$250 deductible. They have to take you no matter what, because we are federal employees.’ I then said, ‘No, I respectfully decline these benefits until you can make the

**DR. QUENTIN YOUNG SEES NATIONAL HEALTH INSURANCE AS THE BEST WAY TO PROVIDE COMPREHENSIVE CARE TO ALL WHO LIVE IN THE UNITED STATES.**

same offer to everyone I have the honor of representing.’ I didn’t come here for the benefits. I came here to help reform the health care system.”

Dr. Kagen wishes that all members of Congress could experience the uncertainty that many U.S. residents face about their health care coverage. If they did, “they would begin to take our country’s health care concerns very seriously and likely solve them in a matter of a few weeks and months.”

Achieving access to affordable care in Dr. Kagen’s eyes relies, in part, on a health care marketplace where health insurers cannot discriminate, and providers of care—insurance companies, pharmacies, hospitals, doctors, dentists—openly disclose pricing for all services. To this end, in February Dr. Kagen introduced H.R. 5449, the “No Discrimination in Health Insurance Act of 2008.” The bill prohibits health

insurance providers from imposing preexisting conditions exclusions and requires them to charge the same premium price for the same coverage. Dr. Kagen believes that a more transparent health care system, coupled with a widely offered basic insurance plan that becomes the federal standard, will lead to intense competition. These market conditions, in turn, would lower prices and bring health care costs within the reach of all Americans.

“We in Congress, together with the help of primary care physicians, must create a basic insurance plan that guarantees that when you get sick, you are in your house and not the poor house,” says Dr. Kagen. “For those people who do not have the necessary household income to afford insurance — well, I say, ‘We the people!’ What kind of nation are we if we don’t care for the poor? We must cover all those who are in need, and I want to be the physician at the table in Congress who helps our legislative process work in a way that guarantees access to everyone.”

And so the debate about universal health care goes on and options abound with no clear-cut answers that will please all involved. The practicalities of providing basic health care to every person with a U.S. address could very well overwhelm a nation facing physician shortages — particularly of those specialists who traditionally serve as primary care physicians.

Under the watch of Mitt Romney, former governor and candidate for this year’s Republican presidential nomination, the state of Massachusetts, for example, implemented a new law in 2006 that mandated all residents have some form of health insurance by July 1, 2007. In an article that appeared in the *New York Times* this April, some anecdotal reports from individual Massachusetts-based physicians highlighted a potential “strain” on care due to supply and demand: many more patients with insurance now are able to see a shrinking number of physicians. “I was at an AMA meeting last year where there were several representatives from Massachusetts,” shares Russell G. Robertson, MD,

## THE NEEDS OF HIS CONSTITUENTS DRIVE DR. STEVEN KAGEN’S QUEST TO ENSURE ACCESS TO AFFORDABLE HEALTH CARE ACROSS THE COUNTRY.

chair and professor of family medicine at the Feinberg School. “On the one hand they were excited about their state’s comprehensive health care plan. On the other hand, patients were now having a harder time finding a physician to provide them with care.”

Dr. Robertson serves as chair of the Council on Graduate Medical Education (COGME), a group charged with assessing physician workforce trends in the country and making recommendations to the Secretary of the U.S. Department of Health and Human Services as well as to Congress. “COGME’s last major report in 2005 on workforce trends indicated at that time that the nation was facing a substantial shortage of physicians,” he says. “Our recommendation then was that medical school enrollments needed to increase by a minimum of 15 percent.”

Despite a vigorous response to the call to expand the number of entering medical students, Medicare’s current cap on residency positions, however, effectively places a ceiling on the creation of new physicians, according to Dr. Robertson. In addition, he notes that if the primary care physician “crunch” continues and a comprehensive solution goes into effect, the Massachusetts problem could become a national one.

Although a nonpartisan institution, Northwestern has a unique position as an educator of future generations of physicians who will and should participate in finding ways to craft a health care system that works for everyone. “Part of our responsibility as an academic entity is to graduate individuals who will see it as their obligation as medical professionals to play an important role in the society they serve,” says Jeff Miller. “In regard to health care reform, they most definitely must be a part of the discussion.” ■



## YOU THE READER

No discussion about health care reform in this country can be held without the voices of those most involved in the delivery of care: physicians. In this feature, we have presented views from two Northwestern alumni, whose passion for delivering affordable health care to all has spurred them to action. Of course, many more proposals and opinions exist. We encourage you, the reader, to send us your thoughts on this topic — one that affects us all in myriad ways.

Mail your correspondence, of 250 words or less, to: Editor, *Ward Rounds*, Office of Communications, Northwestern University, Feinberg School of Medicine, 303 East Chicago Avenue, Rubloff 9th floor, Chicago, Illinois 60611-3008 or e-mail letters to [ward-rounds@northwestern.edu](mailto:ward-rounds@northwestern.edu). We reserve the right to determine which letters to print in *Ward Rounds*.